## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed

| appropriate. All further con<br>indicated unless corrected l<br>maintenance fee notification                                                               | below or directed otherwise                                                                                                                                                                                                                                                                                                         | Patent, advance or<br>in Block 1, by (a                                                                                                                                                                                                  | ders and not<br>specifying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ification<br>a new co   | of maintenance fees<br>orrespondence address     | will be mailed to the current<br>; and/or (b) indicating a sep     | a correspondence add as as arate "FEE ADDRESS" for       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|
| OURRENT CORRESPONDENCE  30024 7: NIXON & VANI 901 NORTH GLEI ARLINGTON, VA 1/10/2005 MBEYENE2 00                                                           | 0 9 2005                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                          | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                         |                                                  |                                                                    |                                                          |
| 1 FC:1501 1400.00 DP 2 FC:1504 300.00 DP                                                                                                                   |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    | (Depositor's name)                                       |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    | (Signature)                                              |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    | (Date)                                                   |
| APPLICATION NO.                                                                                                                                            | FILING DATE                                                                                                                                                                                                                                                                                                                         | FIRST NAMED INVEN                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | TOR                                              | ATTORNEY DOCKET NO.                                                | CONFIRMATION NO.                                         |
| 10/707,271                                                                                                                                                 | 12/02/2003                                                                                                                                                                                                                                                                                                                          | Ronald Ralph Cai                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | ю                                                | 839-1519                                                           | 1270                                                     |
| FITLE OF INVENTION: A                                                                                                                                      | XIAL RETENTION FEAT                                                                                                                                                                                                                                                                                                                 | JRE FOR RESTR                                                                                                                                                                                                                            | AINING CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MPOSIT                  | E REINFORCING RI                                 | NGS                                                                |                                                          |
| APPLN. TYPE                                                                                                                                                | SMALL ENTITY                                                                                                                                                                                                                                                                                                                        | ISSUE FEE                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PU                      | BLICATION FEE                                    | TOTAL FEE(S) DUE                                                   | DATE DUE                                                 |
| nonprovisional                                                                                                                                             | NO                                                                                                                                                                                                                                                                                                                                  | \$1400                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                       | \$300                                            | \$1700                                                             | 11/10/2005                                               |
| EXAMINER ART U                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CI                      | ASS-SUBCLASS                                     | ]                                                                  |                                                          |
| JONES, JUDSON 2834                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 310-214000                                       | _                                                                  |                                                          |
| I. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.    | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |
|                                                                                                                                                            | RESIDENCE DATA TO B                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                       | •• '                                             |                                                                    |                                                          |
| recordation as set forth in                                                                                                                                | an assignee is identified be 37 CFR 3.11. Completion                                                                                                                                                                                                                                                                                | clow, no assignee of this form is NO                                                                                                                                                                                                     | data will app<br>\( \text{a substitute} \)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | for filing              | ne patent. It an assigi<br>g an assignment.      | nee is identified below, the o                                     | locument has been filed for                              |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |
|                                                                                                                                                            | ctriccCompany                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                       | New York                                         |                                                                    |                                                          |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | ☐ Individual ☑ C                                 | Corporation or other private gr                                    | oup entity  Government                                   |
| 4b. Payment of Fee(s):  4b. Payment of Fee(s):  4b. Payment of Fee(s):  4b. Payment of Fee(s):  4c. Payment of the fee(s) is enclosed.                     |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |
| Publication Fee (No small entity discount permitted)  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |
| Advance Order - # of                                                                                                                                       | The Direction Deposit Acc                                                                                                                                                                                                                                                                                                           | Payment by credit card. Form PTO-2038 is attached. any deficient  The Director is hereby authorized by charge: The New Payment fee(s), or credit any overpayment, to eposit Account Number 14-1140 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |
| a. Applicant claims Sl                                                                                                                                     | (from status indicated above MALL ENTITY status. See                                                                                                                                                                                                                                                                                | )<br>37 CFR 1.27.                                                                                                                                                                                                                        | ☐ b. Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cant is no              | longer claiming SMA                              | LL ENTITY status. See 37 C                                         | CFR 1.27(g)(2).                                          |
| The Director of the USPTO<br>NOTE: The Issue Fee and Ponterest as shown by the reco                                                                        | is requested to apply the Issu<br>ublication Fee (if required) vords of the United States Pate                                                                                                                                                                                                                                      | te Fee and Publica<br>vill not be accepted<br>and Trademark                                                                                                                                                                              | tion Fee (if ar<br>I from anyon<br>Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ny) or to<br>e other th | re-apply any previous<br>an the applicant; a reg | ly paid issue fee to the applic<br>istered attorney or agent; or t | ation identified above.<br>he assignee or other party in |
| Authorized Signature   Multiple Movember 9, 2005                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                  |                                                                    |                                                          |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to properly an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing a submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to convert this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name \_\_

Michael J. Keenan

Registration No. \_

32,106